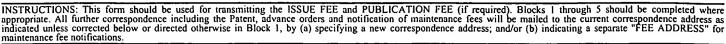
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TOTAL FEE(S) DUE

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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/460,913		12/14/1999	LIAM DAVID COMERFORD	YO998-522	3104

TITLE OF INVENTION: METHODS AND APPARATUS FOR CONTINGENT TRANSFER AND EXECUTION OF SPOKEN LANGUAGE INTERFACES

ISSUE FEE

nonprovisional	NO	\$1400		\$0	\$1400	02/08/2006				
EXAMIN	EXAMINER ART U		ir	CLASS-SUBCLASS						
AZAD, AE	UL K	2654		704-270000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, list mes of up to 3 registered patent OR, alternatively, me of a single firm (having as a attorney or agent) and the name and patent attorneys or agents. If name will be printed.	member a sof up to	n, Mason & Lewis, LLF					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Armonk, NY										
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